Supplemental Information

Completed By: Grant Number Project Title: Lead Study Coordinator Name (Last, First, MI): Lead Study Coordinator Contact Information: Address: City: State: Zip: Email Address: Telephone: Fax: Enrollment "As of" Date: [mm/dd/yyyy] Date of First Subject Accrual: [mm/dd/yyyy] Actual Projected* Date of End of Follow-Up: [mm/dd/yyyy] Actual Projected* Date of Fonce For English Sites: Number of DOMESTIC Sites: Number of FOREIGN* Sites: *For FOREIGN sites please specify Country Name and # of sites for each country: IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:	Date:	(mm/dd/yyyy)	
Project Title: Lead Study Coordinator Name (Last, First, MI): Lead Study Coordinator Contact Information: Address: City: State: Telephone: Fax: Enrollment "As of" Date: (mm/dd/yyyy) Date of First Subject Accrual: Date of End of Follow-Up: (mm/dd/yyyy) Actual Projected* Date of End of Follow-Up: Mumber of DOMESTIC Sites: Number of POREIGN* Sites: *For FOREIGN sites please specify Country Name and # of sites for each country: IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:			
Lead Study Coordinator Name (Last, First, MI): Lead Study Coordinator Contact Information: Address: City: State: Zip:			
Lead Study Coordinator Contact Information: Address: City: State: Zip:	Project Title:		
Lead Study Coordinator Contact Information: Address: City: State: Zip:	<u> </u>		
Lead Study Coordinator Contact Information: Address: City: State: Zip:			
City: State: Zip: Email Address: Telephone: Fax: Enrollment "As of" Date: (mm/dd/yyyy) Date of First Subject Accrual: (mm/dd/yyyy) Actual Projected* Date of Last Subject Accrual: (mm/dd/yyyy) Actual Projected* Date of End of Follow-Up: (mm/dd/yyyy) Actual Projected* Number of DOMESTIC Sites: Number of FOREIGN* Sites: *For FOREIGN* Sites please specify Country Name and # of sites for each country: IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:	Lead Study Coordinator Name (Last, F	'irst, MI):	
City: State: Zip: Email Address: Fax: Telephone: Fax: Enrollment "As of" Date: (mm/dd/yyyy) Date of First Subject Accrual: (mm/dd/yyyy) Actual Projected* Date of Last Subject Accrual: (mm/dd/yyyy) Actual Projected* Date of End of Follow-Up: (mm/dd/yyyy) Actual Projected* Number of DOMESTIC Sites: Number of FOREIGN* Sites: *For FOREIGN sites please specify Country Name and # of sites for each country: IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected.	Lead Study Coordinator Contact Infor	mation:	
Email Address: Telephone: Fax: Enrollment "As of" Date: [mm/dd/yyyy) Date of First Subject Accrual: [mm/dd/yyyy) Date of Last Subject Accrual: [mm/dd/yyyy) Actual Projected* Date of End of Follow-Up: [mm/dd/yyyy) Actual Projected* Number of DOMESTIC Sites: Number of FOREIGN* Sites: *For FOREIGN sites please specify Country Name and # of sites for each country: IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:	Address:		
Email Address: Telephone: Fax: Enrollment "As of" Date: [mm/dd/yyyy) Date of First Subject Accrual: Date of Last Subject Accrual: [mm/dd/yyyy) Actual Projected* Date of End of Follow-Up: [mm/dd/yyyy) Actual Projected* Number of DOMESTIC Sites: Number of FOREIGN* Sites: *For FOREIGN sites please specify Country Name and # of sites for each country: IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:			
Email Address: Telephone: Fax: Enrollment "As of" Date: [mm/dd/yyyy) Date of First Subject Accrual: [mm/dd/yyyy) Date of Last Subject Accrual: [mm/dd/yyyy) Actual Projected* Date of End of Follow-Up: [mm/dd/yyyy) Actual Projected* Number of DOMESTIC Sites: Number of FOREIGN* Sites: *For FOREIGN sites please specify Country Name and # of sites for each country: IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:			
Enrollment "As of" Date:	· · · · · · · · · · · · · · · · · · ·		
Enrollment "As of" Date:			
Date of First Subject Accrual:	Telephone:	Fax:	
Date of First Subject Accrual:			
Date of Last Subject Accrual:	Enrollment "As of" Date:	(mm/dd/yyyy)	
Date of End of Follow-Up:	Date of First Subject Accrual:	(mm/dd/yyyy) Act	cual Projected*
Number of DOMESTIC Sites: Number of FOREIGN* Sites: *For FOREIGN sites please specify Country Name and # of sites for each country: IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:	Date of Last Subject Accrual:	(mm/dd/yyyy) Act	cual Projected*
Number of FOREIGN* Sites: *For FOREIGN sites please specify Country Name and # of sites for each country: IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:	Date of End of Follow-Up:	(mm/dd/yyyy) Act	cual Projected*
*For FOREIGN sites please specify Country Name and # of sites for each country: IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:	Number of DOMESTIC Sites:		
IF DESIGNATED AS PHASE III CLINICAL TRIAL, PLEASE ANSWER THE FOLLOWING: Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:	Number of FOREIGN* Sites:		
Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:	*For <u>FOREIGN</u> sites please specify Cou	ntry Name and # of sites for each cou	intry:
Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:			
Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:			
Has a primary publication from this study been published in a peer review journal? If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:			
If yes, please specify below. If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:		,	
If no current publication: Please provide projected month and year by which a publication is expected. Journal Title:		ıdy been published in a peer review	journal?
		projected month and year by which o	a publication is expected.
Year: Month:			
Volume: Issue:			
Page numbers:	Page numbers:		

^{*}Please specify whether date provided is "Actual" or "Projected"